

Applicant's Full Legal Name _____
Last First Middle
Grade applying for _____ School year 20____ --- 20____ Gender (circle) male female

APPLICATION FOR ADMISSION



St. Michael's Parish Day School
602 N. Wilmot Road
Tucson, AZ 85711-2702
(520) 722-8478
www.stmichael.net

STUDENT INFORMATION

Applicant's full legal name _____

Grade applying for _____ Academic school year 20 ____-____

Date of birth: Month _____ Day _____ Year _____ Birthplace: _____

Ethnicity: _____

Educational Information:

Current school/grade _____ City / State _____

Former school(s)/grades _____

Has applicant ever received educational, psychological, or intellectual testing beyond standard school administered achievement batteries? YES NO

Has your child ever had a 504 or IEP accommodation plan? YES NO

Has your child ever been subject to any academic or disciplinary action while attending a previous school? YES NO

If you answered YES to any of the above questions, please clarify. _____

Family Information:

Will you be seeking financial aid? (Answer does NOT affect acceptance decision) YES NO

Is any member of your family an alumnus of St. Michael's? YES NO

Name & (approx.) year graduated _____

Religious affiliation (if any) _____

If you attend any place of worship in Tucson, please provide name. _____

PARENT INFORMATION

Parent's name _____

Home address _____
Street City/State/Zip

Home phone _____ Cell _____ Email _____

Occupation _____ Name of Employer _____

College Attended, Degree(s) _____

Parent's name _____

Home address _____
(if different) Street City/State/Zip

Home phone _____ Cell _____ Email _____

Occupation _____ Name of Employer _____

College Attended, Degree(s) _____

(If applicable) Additional parent / guardian's name _____

Home address _____
Street City/State/Zip

Home phone _____ Cell _____ Email _____

Occupation _____ Name of Employer _____

College Attended, Degree(s) _____

(If applicable) Additional parent / guardian's name _____

Home address _____
Street City/State/Zip

Home phone _____ Cell _____ Email _____

Occupation _____ Name of Employer _____

College Attended, Degree(s) _____

SIBLING INFORMATION

Name	Age	Present school and grade
Name	Age	Present school and grade
Name	Age	Present school and grade
Name	Age	Present school and grade

GRANDPARENT INFORMATION

Name _____
Full address _____

Name _____
Full address _____

Name _____
Full address _____

Name _____
Full address _____

We welcome any thoughts you would like to share about your child and family _____

I acknowledge and agree that the information contained in this admission application is to the best of my knowledge factual and complete.

Signature of Parent or Guardian _____
Date

After submitting this application and a non-refundable testing fee of \$75 (payable to *St. Michael's School*), you may schedule a testing appointment for your child. This may be handled in person on campus or by calling 722-8478 ext 259, or email admissions@stmichael.net Revised 10/2014